



**THE AGRATHA
ACADEMY**
Learning Today, Leading Tomorrow

THE UES AGRATHA
EDUCATION TRUST

ADMISSION FORM (2015 - 2016)

Photocopy

Admission Applied For Std: _____ Admission Sought Std: _____

Student's Name: _____

Fathers' Name: _____

Mother's Name: _____

Date Of Birth: _____ Place Of Birth: _____ Taluka: _____ District: _____

Mother Tongue: _____ State: _____ Nationality: _____

Religion: _____ Caste: _____ Sub-caste: _____

Residential Address: _____

Contact No: _____ Mobile No: _____

Father's Occupation: _____ Mother's Occupation: _____

Annual Income: _____

Name Of The Previous School: _____

Does The Child Have Any Particular Physical Weakness? Yes / No

If Yes Then Pls Mention In Detail: _____

I Certify That The Above Particulars Given By Me Are True And I Agree To Abide By The Rules Of The Institution.

Date

Father's Signature:

Mother's Signature:

For Office Use

This is to confirm that Mst./Miss _____

Son / Daughter of _____

is admitted in Std _____ Div _____ on _____

Signature of Principal / In charge

